

## CHECKLIST FOR NEW FACILITY DOCUMENTATION

- ☐ LOCATION OF THE FACILITY
- ☐ PHILOSOPHY OF CARE AND OBJECTIVE OF SERVICES
- ☐ MODALITY OF TREATMENT
- ☐ NUMBER OF BEDS/STATIONS
- ☐ NUMBER OF SHIFTS
- ☐ ARCHITECTURAL PLANS
- ☐ AGREEMENT WITH THE BACK-UP HOSPITAL FOR EMERGENCIES
- ☐ AGREEMENT WITH THE TRANSPLANT CENTER
- ☐ AGREEMENT WITH THE BACK-UP DIALYSIS FACILITY
- ☐ LABORATORY AND WATER TREATMENT TESTING CONTRACTS
- ☐ POLICY FOR THE MANAGEMENT OF ABUSIVE/DANGEROUS PATIENTS
- ☐ CONTRACT WITH THE MEDICAL DIRECTOR
- ☐ IDENTIFICATION OF THE OWNER OF THE FACILITY

### CIRRICULA VITAE OF THE:

- ☐ CHIEF EXECUTIVE OFFICER
- ☐ MEDICAL DIRECTOR
- ☐ SOCIAL WORKER
- ☐ DIRECTOR OF NURSING
- ☐ DIETITIAN
  
- ☐ WATER AND/OR REUSE TECHNICIAN